



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

HUNTSVILLE MEMORIAL HOSPITAL
643 I-45 SOUTH
HUNTSVILLE TX 77340

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

Carrier's Austin Representative Box

Box Number 45

MFDR Tracking Number

M4-12-1749-01

MFDR Date Received

JANUARY 23, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary as stated on the Table of Disputed Services: "Claim was billed on 2/21/11 Denied on 3/15/11 denied for DOI before DOS. Correct claim denied for past timely filing."

Supplemental to Part V of the DWC-60: "This dispute originated with State Office of Risk Management (hereinafter Carrier) denial of the above referenced claim based upon the assertion that the Claimant's present concerns did not constitute an emergency... These charges were billed to and subsequently denied by the Carrier. It was the Carrier's contention that the 'Past timely filing.' The Requestor appealed the Carrier's determination on the date of September 29, 2011. Following this Request for Reconsideration, the Carrier maintained its original determination..."

Amount in Dispute: \$2,378.05

RESPONDENT'S POSITION SUMMARY: "The Office received a bill on 2/24/2011 as confirmed by SORM date stamp for date of service 2/7/11-2/8/11 billing in the amount of \$2,378.05, upon review the bill was returned to provider as line 10 described as vaccine administration indicates a date that was prior to the date of injury. The Office received another submission of a bill for date of service 2/7/11-2/8/11 in the amount of \$2,378.05 yet again the provider submitted this bill with a date of service prior to the date of injury, again the Office returned the bill to the provider stating 'date of service 2/7/11 is before the date of injury 2/8/11, Please correct and resubmit. Further review of the claim found that the provider contacted SORM on 9/6/2011 and discussed the billing issue with Quality Assurance Specialist LeeAnn Petrick, it was explained to the provider that there had been 2 returns for the date of injury problem and we have yet to receive a corrected bill. She asked them to fax her the corrected bill and she would have the bill processed, however they were past their time limit for filing and the bill would deny for such further explaining that it was the responsibility of the provider to submit a corrected bill within 95 days from the date of service after receiving notification of the problems with the UB-04. The provider faxed a corrected bill to Mrs. Petrick, which she forwarded to SORM's audit vendor for processing. Upon completion of the audit the bill was denied for 29- The Time limit for filing has expired. A request for reconsideration was received on 10/3/2011 for identical codes and charges, an audit was performed which produced a denial for 29- The Time limit for filing has expired. A third submission of the bill was received on 12/30/2011, a courtesy audit was performed and the bill again was denied for 29- The Time limit for filing has expired. The Office determined that we will maintain our denial for 29- Time limit for filing has expired as the provider has failed to submit sufficient evidence to support that they had filed a 'clean claim' with 95 days from the date of service."

Response Submitted by: State Office of Risk Management, PO Box 13777, Austin, TX 78711

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 8, 2011	CPT Code 99284	\$2,378.05	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for non-Commission communications.
4. Texas Labor Code §408.027 sets out the procedures for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the procedures for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated September 12, 2011, October 5, 2011 and January 9, 2012

- 29 – The time limit for filing has expired.
- 164 – Claim/service adjusted because the attachment referenced on the claim was not received in a timely fashion.
- 97 – Payment is included in the allowance for another service/procedure.
- 193 – Original payment decision is being maintained. This claim was processed properly the first time.
- The provider was billing prior and informed several times of date of service 02/07/11 being before the date of injury for proper processing of claim, therefore the claim was returned to the provider for improper [sic] billing on 03/01/11, 06/15/11, and 09/06/11. The provider failed to submit a corrected and complete bill within the timely filing deadline which was not received until 9-6-11 well past the 95th day. Per Rule 133.20; a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided. Audit stands.

Issues

1. Did the requestor timely submit a clean claim to the insurance carrier?
2. Did the requestor forfeit the right to reimbursement for the disputed service?

Findings

1. 28 Texas Administrative Code §133.20(b) states in part, that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." The requestor did not submit documentation to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason the requestor, in this dispute, was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. Texas Labor Code §408.027(a) states, in part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on : (1) the date received, if sent by fax, persona delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the respondent's documentation finds two bills received by the respondent on February 24, 2011 and June 2, 2011. The respondent returned these two bills to the requestor on March 1, 2001 and June 15, 2011 requesting the health care provider correct the bills stating "Date of service 2/7/11 is before the date of injury 02/8/11. Please correct and resubmit." According to the Respondent the provider contracted SORM on September 6, 2011 and discussed the billing issue with the Quality Assurance Specialist. The provider then

corrected and faxed the corrected bill to the respondent on September 6, 2011. In accordance with 28 Texas Administrative Code 133.20(g), which states, "Health care providers may correct and resubmit as a new bill an incomplete bill that has been returned by the insurance carrier." Review of the submitted documentation from the requestor finds no documentation to support that a corrected medical bill was submitted to the insurance carrier within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor in this medical fee dispute has forfeited the right o reimbursement due to the untimely submission of the medical bill for the services in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	February 28, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.